

# APPLICATION FOR CONVERSION OF A PROVISIONAL ADULT EDUCATION CERTIFICATE

For use in requesting conversion of a Provisional Adult Education Certificate. Certificate may be used to teach in the areas of Adult Basic Education, General Educational Development, English as a Second Language, or Citizenship.

## ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367

Flagstaff Office: 2384 N. Steves Blvd., Box-C, Flagstaff, AZ 86004 Telephone: (928) 679-8117

Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

### GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety at (602) 223-2279.
- Complete this application and submit a \$30 money order, cashiers check or personal check **ONLY**, made payable to the Arizona Department of Education (ADE). Fees are not refundable. **Cash will not be accepted.**
- District verification on official letterhead of one year of part-time or full-time teaching experience under a provisional adult education certificate and completion of 10 clock hours of professional development activities since the issuance of the provisional adult education certificate, verified by an Adult Education Administrator.

### PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(For identification purposes only)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M / F

Full Legal Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street Number or P.O. Box City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Home) (Home)

Ethnicity: \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Black or African-American (Not-Hispanic) \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ White (Not-Hispanic) \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Other

(Gender and Ethnicity are requested for federal reporting purposes only)

### CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

**ATTN:** If "YES" is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

- Have you ever had any professional certificate or license, revoked or suspended?.....YES\_\_\_ NO\_\_\_
- Have you ever received a reprimand or other disciplinary action involving any professional certification or license?...YES\_\_\_ NO\_\_\_
- Have you ever been convicted of any felony offense?.....YES\_\_\_ NO\_\_\_
- Have you ever been arrested for any offense for which you were fingerprinted?.....YES\_\_\_ NO\_\_\_**
- HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION?**

a Second-degree murder YES\_\_\_ NO\_\_\_

b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age YES\_\_\_ NO\_\_\_

c Sexual assault YES\_\_\_ NO\_\_\_

d Molestation of a child YES\_\_\_ NO\_\_\_

e Sexual conduct with a minor YES\_\_\_ NO\_\_\_

f Commercial sexual exploitation of a minor YES\_\_\_ NO\_\_\_

g Sexual exploitation of a minor YES\_\_\_ NO\_\_\_

h Child abuse YES\_\_\_ NO\_\_\_

i Kidnapping YES\_\_\_ NO\_\_\_

j Sexual abuse of a minor YES\_\_\_ NO\_\_\_

k Taking a child for the purpose of prostitution as prescribed in section 13-3206 YES\_\_\_ NO\_\_\_

l Child prostitution as prescribed in section 13-3212 YES\_\_\_ NO\_\_\_

m Involving or using minors in drug offenses YES\_\_\_ NO\_\_\_

n Continuous sexual abuse of a child YES\_\_\_ NO\_\_\_

o Attempted first-degree murder YES\_\_\_ NO\_\_\_

p Any other dangerous crime against children as defined in section 13-604.01 YES\_\_\_ NO\_\_\_

q Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001 YES\_\_\_ NO\_\_\_

r Any offense causing you to register as a sex offender YES\_\_\_ NO\_\_\_

s First-degree murder YES\_\_\_ NO\_\_\_

t Armed Robbery YES\_\_\_ NO\_\_\_

u Incest YES\_\_\_ NO\_\_\_

v Exploitation of minors involving drug offenses YES\_\_\_ NO\_\_\_

w Sexual abuse of a vulnerable adult YES\_\_\_ NO\_\_\_

x Sexual exploitation of a vulnerable adult YES\_\_\_ NO\_\_\_

y Commercial sexual exploitation of a vulnerable adult YES\_\_\_ NO\_\_\_

z Abuse of a vulnerable adult YES\_\_\_ NO\_\_\_

aa Molestation of a vulnerable adult YES\_\_\_ NO\_\_\_

bb Neglect of a vulnerable adult YES\_\_\_ NO\_\_\_

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

\*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN THIRTY DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE.

ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.